

FOREIGN DEPARTMENT

IN CHARGE OF
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THE PROGRESS OF GERMAN NURSES

(Continued from page 105.)

I MUST now tell a little about the various details of work undertaken by a German society of nurses. It will make our home people open their eyes.

Among the statistics kept are: The exact whereabouts of each member, at home or abroad; the numbers in hospital, in private duty, in district work or other work; number of days' work done by each member, and kind of work done, as day or night duty, full duty, massage hours; baths and other treatments given (hourly nursing); visits (as inquiry or reports to physicians) and operations; and further, the number of each one of these items for which full pay was given by the patient, for which lowered rates (as in hospital and district work), and for which no charges were made (as in district and hospital work again). These items are then all tabulated and summed up so as to show the total numbers under each head.

Further than this are most exact statistics showing numbers of members (of course, without names) who have the highest class of government insurance, those who have the lower class, and those who are not in the government insurance. Further, the numbers who are financially independent, partly independent, or sharer in coöperative sick funds.

Further, the numbers who are insured in private companies for capital or annuity, for pension and invalidity, for invalidity only, for illness, for accidents; the numbers of those who have been refused by insurance companies, those who are ready to be insured, and those who are receiving their insurance payments.

All of these statistics must be handed in to the different departments of government dealing with them. Do our nurses ask "Why?" Well, there is a very serious sense of responsibility in German life, and a society of nurses must show that it is a serious and responsible body before it can ask for public confidence. And the German nurses hope to be able to convince their government of many things in the course of time. They also enjoy certain advantages. For instance, members

of the organization, when travelling for health or vacation at their own expense (not on private duty) are entitled to half rates on the railroads, which belong to the government in Germany. There are also certain advantages which they can enjoy as to special rates in sanitarium or "cures."

Provision for old age is a part of the work of the German organization, made with a thoroughness that we would do well to imitate. This is not left, as with us to the carelessness of individual members, but is attended to by the society. First, every member makes known (of course, in strict confidence) her pecuniary position. If she has private means or a well-to-do family, she need not be insured unless she wishes it. But so earnest is the sense of responsibility that, as an example, the *Diakonie-Verein* does not release itself from this responsibility unless members can show that they possess a certain sum of money invested in first mortgage! so careful are they.

Let us consider the case of a sister without private means. She is first insured in the government insurance against invalidism and against old age. The great point about this is that there is no doctor's examination to pass. Everyone (within certain classes of workers) can and must insure, even though their health already be bad.

It is a system of cards and stamps like our penny saving-funds. The most that can be paid in in a year is about four dollars and fifty cents, and after four years of payments the invalidity rent or pension comes due. It is, of course, not large, but it is something—about fifty dollars a year in the highest class, during ten years, and about seventy-five dollars after that. Old-age pensions, which are due at seventy years, are, of course, not of as much practical importance as these invalidity pensions.

The entire supervision of the cards on which the stamps are attached rests with the Police Department. The stamps are bought and pensions are paid in the post-office. There is much that is very practical in the invalidity insurance. For instance, a nurse living in a certain town was ordered a certain cure by the physician. As there was not a cure of this kind where she lived, the "*Landesversicherung*" paid her seventy-five dollars to go to Elster and have her cure. Supplementary to government insurance are the private companies. A German organization urges all of its members who can pass the physical examination to insure also in a private company, and it struck me that the arrangements made, for instance, by the German "*Anker*" life insurance company for nurses were far more liberal, elastic, and varied than ours are at home. Finally, after these two modes of self-help have been attended to, the German

organization says to its members (and this I want to call attention to, for it seems to me immensely sensible and just): "Now, if you have done all that is possible for yourself and are still needy, we will help you to the extent of our resources. But if it can be shown that you have neglected your own self-help, then you must not ask us to take care of you." With this practical and right little weapon they get all of their members to insure their lives in one or both ways described, and then, for help where further help is needed, they collect an Emergency Fund, or "*Hilfs Kasse*," for their members.

We might well imitate our German sisters in much of their thoroughness and systematic orderliness.

L. L. Dock

REPORT OF THE NURSING CONFERENCE HELD IN LUCKNOW IN JANUARY, 1905

We are indebted to the kind friend who has thoughtfully sent us the deeply interesting report of this conference, and mention now that anyone desiring this report can order it from the Christ Church Mission Press, Cawnpore, or information will be given by Miss Hester Knox, St. Catherine's Hospital, Cawnpore.

At this conference the important step of founding an Association of Nursing Superintendents of the United Provinces and the Punjab was taken, a constitution adopted which is much like that of our Superintendents' Society, and officers elected, of whom Miss Macnaghten, St. Catherine's Hospital in Amritsar, is president, and Miss Knox secretary. The papers read were practical discussions of the training of nurses and hospital management—they are one with the papers written by our own superintendents on these lines, and seem to bring the writers strangely near to us by quoting Mrs. Robb, Miss Snively, and Miss Nutting. One paper was written by Miss K. Fahs, a graduate of the University of Pennsylvania Hospital.

The descriptions of the difficulties in the way of teaching the native women are most interesting, being much like the difficulties of our nurse-teachers in Cuba with the added obstacle of the prejudices of caste. In a paper on "Hospital Discipline and Routine" Miss Macnaghten closes by saying: "In my plan of discipline I encourage each nurse to think for herself, and, as I see her able, put her into some post of responsibility. The feeling they are trusted gives them self-respect and a desire to go forward and do more; this, I feel, helps the freer development of character, which, perhaps, has been too little sought by missionaries in days gone by, who have often found it easier to do a

work themselves rather than teach and trust another. Personally I feel very strongly that it is by Indians and not by Europeans and Americans that India must be evangelized, and that, therefore, all work should have that thought and aim in view; and am I too hopeful when I close this paper with the dream, or shall I say expectation, of one day seeing a little group of Indian lady nurses (ones, perhaps, that we have trained), meeting together as we do now, to see how they in their turn can best further the work of improving the standard of nursing among their own sisters? When that day comes we will rejoice, and will gladly, if health and strength permit, go farther afield to the regions beyond, and will feel that our work in India has not been in vain."

ENGLISH HOSPITALS

I REALLY think the prettiest hospital wards I have ever seen are those of St. Bartholomew's. Not the grandest or the most modern, but the most homelike and cheery, the very type and picture of comfort and welcome. They are less like institution wards and more like a home than those of any other hospital that I know of. They are square, and not too big, with a chimneypiece in the centre, with two open fireplaces in it, one on each side. These fireplaces are like those of some fine old colonial house, each having a stately, tall, shallow mantelshef of severest classic lines above it. As the log in person is too much trouble, a green porcelain tiled open-grate arrangement in each fireplace holds a big bed of soft coals, cheerfully burning. The mantels and walls are painted green, the beds are white enamel, and the floors stained hard wood, rather light in color.

The feature that to me is so charming in these wards is their color effect. First, in a medical ward that I saw (some strict bacteriologists may faint here), big square Persian-effect rugs lie before each fireplace. Then, the beds have a quaint, old-time fixture by which they may be curtained. The curtains are of blue and white checked gingham, and when not in use hang straight against the wall at the back. The bedspreads themselves have colored borders or lines, a real old-fashioned country-house type, and the convalescent patients have red blankets on their chairs. The high mantels and all the tables have many (not one or two, but many) big blue Canton jars for flowers, and these are always full. The way the English nurses arrange their flowers is something quite a specialty of their own. Then there are one or two pictures on the walls (in medical wards) and a canary in a cage, and great, comfortable, black leather-covered and stuffed armchairs before the fires, and brass andirons, fenders, hackets, and tongs. The nurses' uniforms are of

plain, dark blue linen, with, of course, all the white adjuncts, and all the little patients' braids are tied up with blue or red bows. The surgical wards are rather more severe, but still full of color. When one sees such cheerful wards it seems quite right to find the rooms of the ward sisters opening right out of them, especially as they are as pretty and comfortable as in any private house. Some of the sisters have been in charge of their wards for many years, and one could no more imagine them anywhere else than one could imagine a devoted mother anywhere else than at the head of her family. Two of these mother-sisters whom I met seemed to me the ideal nurse, all that she can and ought to be. It is no wonder the eyes of the French doctors stood out of their heads when they visited the English hospitals, and if any of the English doctors have ever failed to appreciate their blessings they will certainly do so no more after making their return visit to Paris.

Although in the newer English hospitals the sisters no longer sleep near their wards, yet the practise of giving them a private room just off the ward is quite cherished, and seems to be a part of the great respect accorded to the position of sister and of her permanence in her ward. For instance, Miss Mollett's beautiful new wards at Southampton each have a charming little sitting-room (not office) for the sister, where she may, if she wishes, receive a guest and have her afternoon tea. In the Royal Infirmary in Edinburgh, a magnificent and enormous hospital with lavish space for everything, the sisters also have very beautiful little sitting-rooms. I was rather amused here to find that Miss Spenceer regards it as a lack of confidence in the head nurses when hospitals fail to supply these sitting-rooms. That is, of course, not the case, and I must wonder what our hospital architects would say if they were expected to give up these little rooms which would be so nice for special. Whatever the arguments for and against may be, two conclusions are plain. First, that although in America we have such an enormous country we seem never to have room enough for our buildings and work-rooms, and, second, that the English people bring the home atmosphere into their hospitals more than is done in other countries.

THE French Nursing Journal is discussing the "Matrone" with much interest. There are no "Matrons" (superintendents of nurses) in the French hospitals, and the physicians who have visited England now realize how important they are and how much the Paris hospitals need them. Dr. Felix Regnault says that sooner or later it will be understood how seriously this deficiency has hampered the development of French training-schools.

ITEMS

St. Bartholomew's League is having a course of ten lectures on Bacteriology this winter, which non-members may attend by payment of twenty-five cents. The Irish Nurses' Association is having, among other lectures, a history of vaccination.

A bill providing for the State Registration of Nurses is being brought before the House of Assembly of Tasmania, with the support of nurses and physicians. Miss Milne, of the General Hospital, and a Vice-President of the International Council, has been the chief mover in this advance.

It is most encouraging to see that French nurses are beginning to write to the nursing journal and express their views. This is a *very* recent thing. The French nurses are also urging the authorities to give them a woman head, with suitable assistants, so that each nurse may hope to rise by merit through the various grades of junior, senior, head nurse and assistant to the matronship or head of the hospital service, and that so there may be a nursing staff "worthy of the name."

The Provisional Committee of the National Council of Nurses of Great Britain and Ireland, meet in October, in London, when a most encouraging showing of membership and general interest was made. The membership now includes Seven Leagues or Alumnae Societies, the Registered Nurses' Society, the Society for State Registration, the Irish Nurses' Association, and the Matrons' Council, and totals 3,000 odd nurses. Next May at the annual meeting a constitution will be finally adopted. This is the English group which has affiliated with German and American nurses in the International Council and the plan now is to have an informal meeting in Paris in June 1907.

The associated nurses of Victoria, in Australia, have established a Board of Examiners under their voluntary registration plan, and they have begun the examination of nurses who desire the recognition of the association. Out of 56 examined, not long ago, three were rejected, but had not the examinations been made very lenient at the outset more would have fallen through. The medical editor of "Una," the Journal of the association, is a man of great liberality of view, who expresses the hope that in time "Una" might be entirely managed by nurses, and written by nurses for nurses. That, he said, was the line on which the best English and American nursing journals were conducted.